

## WILDOCEANS OCEANS ALIVE PROJECT GRIEVANCE FORM

<b>Public Grievance Form</b>	
<b>Reference No.: 03_07_19-23_WildTrust_Indian_Ocean</b>	
Please enter your contact information and grievance. This information will be dealt with confidentially. Please note: If you wish to remain anonymous, please enter your comment/grievance in the box below without indicating any contact information – your comments will still be considered.	
<b>Full Name</b>	
<b>Anonymous submission</b>	<input type="checkbox"/> I want to remain anonymous
<b>Please mark how you wish to be contacted (mail, telephone, e-mail).</b>	<input type="checkbox"/> <b>By mail (please provide mailing address):</b> <hr/> <input type="checkbox"/> <b>By telephone (please provide telephone number):</b> <hr/> <input type="checkbox"/> <b>By e-mail (please provide e-mail address):</b> <hr/>
<b>Preferred language for communication</b>	<input type="checkbox"/> <b>Isizulu</b> <input type="checkbox"/> <b>English</b> <input type="checkbox"/> <b>Other, please specify:</b> _____
<b>Description of incident or grievance:</b>	What happened? Where did it happen? Who did it happen to? What is the result of the problem?
<b>Date of incident/grievance:</b> _____	<input type="checkbox"/> <b>One-time incident/grievance (date _____)</b> <input type="checkbox"/> <b>Happened more than once (how many times? _____)</b> <input type="checkbox"/> <b>On-going (currently experiencing problem)</b>
<b>What would you like to see happen to resolve the problem?</b>	

Please return grievance form to: Simone Dale, WILDOCEANS Projects Director and ESMS Manager, [simoned@wildtrust.co.za](mailto:simoned@wildtrust.co.za)

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